

## MEDICAL ISSUES FOR THE MILLENNIUM

### INTRODUCTION

As we enter a new millennium, we find ourselves facing an almost unlimited future as medical breakthroughs that will revolutionize the way we prevent and treat disease. But along with the promises before us, I can't help but be struck by the cold reality that we come to the millennium with many of our health care problems unsolved, and indeed in many ways becoming worse.

### PEOPLE WITHOUT HEALTH CARE COVERAGE

—WE NOW HAVE SOME 42 MILLION PEOPLE WITHOUT HEALTH INSURANCE COVERAGE IN THIS COUNTRY, AND THE NUMBER CONTINUES TO GROW, DESPITE THE FACT THAT THE ECONOMY IS GOOD, UNEMPLOYMENT IS LOW, AND THE GOVERNMENT FACES A SURPLUS.

—WORSE, WE KNOW THAT THE TRENDS THAT HAVE LED TO LARGER NUMBERS OF UNCOVERED PERSONS WILL LIKELY CONTINUE. PEOPLE WORK IN DIFFERENT TYPES OF EMPLOYMENT, BENEFITS FREQUENTLY ARE NOT PROVIDED OR NOT PROVIDED FOR DEPENDENTS, COSTS OF COVERAGE ARE HIGH.

—ESTABLISHING A SYSTEM THAT ASSURES UNIVERSAL COVERAGE REMAINS AT THE TOP OF THE ISSUES FACING US IN HEALTH CARE.

### ASSURING THE VIABILITY OF MEDICARE

—MEDICARE IS A CRITICAL PROGRAM FOR MILLIONS OF ELDERLY AND DISABLED CITIZENS. FURTHER ITS HEALTH IS VITAL TO THE HEALTH OF OUR ENTIRE HEALTH CARE SYSTEM.

—WE CLEARLY NEED TO ADDRESS TWO PRESSING NEEDS IN MEDICARE. FIRST, LOOKING TO THE LONG TERM, WE WILL NEED TO SECURE ADEQUATE FINANCING, AND CONTINUE APPROPRIATE REFORMS IN THE PROGRAM, TO ASSURE ITS VIABILITY IN FUTURE YEARS WHEN THE BABY BOOM GENERATION REACHES MEDICARE AGE.

THAT IT SOMETHING THAT WILL CONTINUE TO OCCUPY THE CONGRESS. BUT IN DEALING WITH THE ISSUE, WE NEED TO KEEP A REASONABLE PERSPECTIVE. THE SOLVENCY OF THE PROGRAM IS MUCH BETTER NOW THAN IT HAS BEEN IN YEARS; ESTIMATES ARE THAT WE ARE SOLVENT THROUGH 2015 WITHOUT FURTHER ACTION. WE DO NOT FACE AN IMMEDIATE CRISIS. WE

SHOULD NOT BE RUSHED INTO ARBITRARY OR UNREASONABLE ACTIONS THAT WE DON'T UNDERSTAND, KNOW WHETHER THEY WOULD WORK, OR THAT ARE WITHOUT SUPPORT IN THE BENEFICIARY COMMUNITY.

WE NEED TO TAKE ACTION, BUT IT SHOULD BE DELIBERATE.

–BUT WE ALSO NEED TO ADDRESS ANOTHER CRYING NEED IN MEDICARE, AND THAT IS COVERAGE OF PRESCRIPTION DRUGS. NO MEDICAL PLAN IS ADEQUATE WITHOUT DRUG COVERAGE, AND THAT WILL ONLY BECOME INCREASINGLY TRUE IN THE FUTURE.

THE ELDERLY USE THE MOST DRUGS, BUT ARE LEAST LIKELY TO HAVE COVERAGE, AND WHEN THEY DON'T HAVE IT, THEY PAY THE HIGHEST PRICES. WE UNDERSTAND THE PARAMETERS OF THIS PROBLEM, AND I SEE LITTLE REASON TO DELAY ADDRESSING IT.

#### MAINTAINING SUPPORT OF “PUBLIC GOODS” IN MEDICAL CARE, PARTICULARLY SUPPORT OF TEACHING INSTITUTIONS

–MANY OF THE REFORM PLANS FOR MEDICARE WOULD UNDERMINE ITS CRITICAL ROLE OF SUPPORT FOR OUR TEACHING INSTITUTIONS. MANY OF THE COMPETITION PLANS TOTALLY IGNORE THE IMPORTANT ROLE MEDICARE MUST PLAY IN THIS AREA.

–SIMILARLY, AS COST COMPETITION AND MANAGED CARE HAVE BECOME THE NORM IN OUR HEALTH CARE SYSTEM, WE HAVE REDUCED SUPPORT FOR TEACHING INSTITUTIONS WITHOUT PUTTING ANY NEW SUPPORTS IN PLACE.

–INCIDENTALLY, FOR THOSE OF YOU WHO ARE FRUSTRATED BY MEDICARE'S COMPLICATED PAYMENT RULES, AND THE DECISIONS CONGRESS SOMETIMES MAKES IN THAT AREA, I WOULD URGE YOU TO LOOK WITH A GREAT DEAL OF SCEPTICISM ON PLANS THAT WOULD MAKE YOU DEPENDENT ON THE REIMBURSEMENT DECISIONS OF MANAGED CARE PLANS THAT WOULD NOT BE ACCOUNTABLE TO THE PUBLIC OR ITS NEEDS.

#### BALANCING COST CONTAINMENT AND PATIENT (AND PROVIDER) RIGHTS

–THE PUSH FOR THE PATIENT BILL OF RIGHTS REFLECTS THE FRUSTRATIONS OF PATIENTS AND PROVIDERS–PARTICULARLY PHYSICIANS–WITH A SYSTEM OF MANAGED CARE THAT SEEMS TO HAVE PUT COST CONTAINMENT AND INSURER PROFITS AHEAD OF PATIENT NEEDS.

–THIS IS GOING TO BE A CONTINUING ISSUE IN OUR HEALTH CARE SYSTEM IN THE FUTURE. WE CANNOT IGNORE THE NEED FOR PRUDENT EXPENDITURE OF

FUNDS, WHETHER PUBLIC OR PRIVATE. BUT WE CANNOT FAIL TO MEET THE NEEDS OF PATIENTS, OR FRUSTRATE THE JUDGMENTS OF MEDICAL PROFESSIONALS.

#### DEVELOPMENTS IN MEDICAL CARE

–WE STAND ON THE THRESHOLD OF DEVELOPMENTS IN MEDICAL CARE THAT ARE ASTOUNDING. THE AREAS OF STEM CELL RESEARCH, AS WELL AS THE WORK WITH FETAL TISSUE, ARE AREAS OF GREAT PROMISE. GENE THERAPY ALSO HOLDS OUT GREAT HOPE.

–WE MUST BE SURE THEY ARE DONE WITH CARE. NIH MUST PROVIDE THE OVERSIGHT TO ASSURE THE PUBLIC IN THIS AREA.

–WE KNOW THAT THE POLITICS OF ABORTION THREATEN SUPPORT FOR THESE PROMISING AREAS OF RESEARCH. WE MUST NOT LET THAT HAPPEN.

–WE KNOW THAT THESE DEVELOPMENTS, AS WELL AS THE REVOLUTION IN COMMUNICATIONS, MAKES THE PRIVACY OF MEDICAL INFORMATION A CRITICAL AREA NOW AND IN THE FUTURE.

#### PUBLIC HEALTH AND PREVENTION

–THE ISSUE OF TOBACCO REMAINS CRITICAL. WE MUST STOP CHILDREN FROM EVER STARTING TO SMOKE.

–ENVIRONMENTAL CONCERNS THAT HAVE SUCH A CRITICAL IMPACT ON HEALTH REMAIN KEY.

#### LONG-TERM CARE

FINALLY, AS OUR POPULATION AGES, THE PROVISION OF LONG-TERM CARE, AND OUT OF INSTITUTION ALTERNATIVES WILL INCREASE IN IMPORTANCE.

–SIMILARLY, THE CARE OF DISEASES OF THE ELDERLY WILL CONTINUE TO INCREASE IN IMPORTANCE.